



**CITY OF LITTLE ROCK DEPT. OF COMMUNITY PROGRAMS
SUMMER JOBS ALLIANCE/NEW FUTURES FOR YOUTH
EMPLOYER WORKSITE INFORMATION FOR SUMMER JOBS**

PLEASE COMPLETE AND RETURN

Please Print

Business/Organization Name: _____

Department Name: _____ **Director's Name:** _____

Little Rock Address: _____ **Zip Code:** _____

Telephone: _____ **Fax:** _____

E-Mail Address: _____ **Total # Summer Jobs Requested** _____

FILL OUT A SEPARATE APPLICATION FOR EACH DIFFERENT WORKSITE.

Immediate Supervisor: _____ **Title** _____

Worksite Address: _____ **Zip Code** _____

Telephone: _____ **Fax:** _____

E-Mail Address: _____

List each position. Please attach the job description for each one.

1. _____ 2. _____

3. _____ 4. _____

Is there an age requirement? No ☐ Yes ☐ Required Age _____

Are there special skills required? (Please list: e.g., typing, computer skills, etc.)

1. _____ 2. _____

3. _____ 4. _____

If requesting a returning worker, list name of youth: _____

What are the requested work hours?

☐ **Full-Time: Maximum hours authorized to work: 8 hours a day; 32 hours a week (Monday – Thursday)**

☐ **Part-Time: 4 hours a day; 16 hours a week (Monday – Thursday); Prefer Mornings ☐ Afternoons ☐**

Please return this form to:

**Loretta Johnson, New Futures for Youth
323 Center Street, Suite 1275, Little Rock, AR 72201
(501) 374-1011, ext.104 Fax: (501) 374-9736**